

# Who knows best? Older people's and practitioner contribution to understanding and preventing avoidable hospital admissions

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*Document Version*

Peer reviewed version

*Citation for published version (Harvard):*

Glasby, J, Littlechild, R, Le Mesurier, N & Thwaites, R 2019, 'Who knows best? Older people's and practitioner contribution to understanding and preventing avoidable hospital admissions', *Health economics, policy, and law*.

[Link to publication on Research at Birmingham portal](#)

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Checked for eligibility 08/02/2019

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Glasby, J., Littlechild, R., Le Mesurier, N., & Thwaites, R. (n.d.). Who knows best? Older people's and practitioner contributions to understanding and preventing avoidable hospital admissions. *Health Economics, Policy and Law*, 1-22. doi:10.1017/S1744133118000518

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**Box 1: Google image search for ‘NHS crisis headlines’ (~~December 2016~~)**

*“Third world A&E”*

*“Our NHS is dying”*

*“Crisis as NHS cancels 3000 ops”*

*“NHS crisis deepens”*

*“A&E crisis worst for ten years”*

*“NHS hits breaking point”*

*“Hospitals just can’t cope”*

**Box 2: GP and hospital doctor preventative suggestions**

GP 1: *“Availability of social support and care, but needed to be available at short notice.”*

GP 2: *“Emergency outpatient clinic on the same day.”*

GP 3: *“If the medical team had an access to the patient's blood test results done in the community or discussed admission with the patient's GP.”*

GP 4: *“Better community care with management of COPD.”*

GP 5: *“Live-in carer or a move to a nursing home (which is now taking place).”*

HD 1: *“I know this [person] very well, having seen [them] frequently in outpatients. If we had the resources/capacity it may potentially help to reduce admissions if such complex patients who are already very well known to a service could contact us directly with any deterioration and be seen on the same or next day by the team that already know them.”*

HD 2: *“GP home visit would have avoided ED admission and possibly having family lend support while [they] recovered from migraine.”*

HD 3: *“If GP had telephoned the patient's infectious diseases consultant for advice rather than just sending [them] directly to AMU [Acute Medical Unit].”*

**Table 1: Codes used in analysis of interviews and focus groups with professionals**

Telephone Interviews	Focus Groups
<p>Codes relating to interview questions:</p> <ul style="list-style-type: none"> <li>• Emergency admissions of older people as an issue</li> <li>• Proportion of emergency admissions that might be preventable</li> <li>• Policies/services to help reduce emergency admissions</li> <li>• Ease of access for professionals and public</li> <li>• Recommendations to improve practice</li> </ul> <p>Emerging themes:</p> <ul style="list-style-type: none"> <li>• Advance care plans</li> <li>• Assessment</li> <li>• Communication</li> <li>• Community alternatives (or lack)</li> <li>• Hospital as default option</li> <li>• Internalisation</li> <li>• Residential and nursing homes</li> <li>• Risk</li> <li>• Roles of patients</li> <li>• Social admissions</li> </ul>	<p>Codes relating to interview questions:</p> <ul style="list-style-type: none"> <li>• Appropriateness of admission</li> <li>• What could have prevented admission</li> <li>• Quality of health and social care experience.</li> </ul> <p>Emerging themes:</p> <ul style="list-style-type: none"> <li>• Initial response to call</li> <li>• Who assesses in A and E</li> <li>• Day and time of arrival</li> <li>• Admission avoidance</li> <li>• Length of stay</li> <li>• Discharge/care planning/follow up</li> <li>• Communication between professionals</li> <li>• Communication with patient</li> <li>• Cultural expectations</li> <li>• ‘Professionals know best’</li> </ul>

**Table 2: Codes used in analysis of interviews with older people**

<b>Deductive Codes</b>	<b>Inductive Codes</b>
<ul style="list-style-type: none"><li>• Sex</li><li>• Age</li><li>• Personal circumstances</li><li>• Pre-existing conditions</li><li>• Reason for admission</li><li>• Contact with health and social care professional in the four weeks leading up to admission</li><li>• Most significant factors leading to admission (medical/living conditions/informal care/formal care)</li><li>• Previous emergency admissions (up to 12 months before)</li><li>• Appropriateness of admission</li><li>• Alternatives to acute care considered</li><li>• Prevention solutions</li><li>• Quality of experience: room for improvement or different/better action</li></ul>	<ul style="list-style-type: none"><li>• Time and day of admission</li><li>• First action after incident to seek help</li><li>• Time elapsed between crisis/seeking help</li></ul>

**Table 3: Interviewees**

Professional background/role	Site 1	Site 2	Site 3	Number
Consultant geriatrician	2	2	1	5
Occupational therapist	1	3	1	5
Physiotherapist	1	1	1	3
Senior nurse		3		3
Head of a voluntary organisation	1	2		3
GP	1	1	1	3
A&E/Emergency Department (ED) consultant	2		1	3
Matron (hospital)	2			2
Matron (community)	2			2
Service navigation team leader		1		1
Admissions avoidance team leader			1	1
Consultant surgeon (elderly care)		1		1
Senior mental health practitioner (social care)		1		1
Dementia nurse consultant	1			1
Consultant (acute medical unit)	1			1
ED therapies team leader	1			1
Community nurse practitioner (located in hospital)			1	1
Falls sister			1	1
Strategic manager			1	1
Deputy medical director			1	1
<b>TOTAL</b>				<b>40</b>

**Table 4: Estimates of the proportion of emergency admissions of older people to acute hospital that might have been avoided had alternatives been available**

Estimated proportion	Number of respondents
Don't know/not specified	11
1-2 admissions a day	1
1-10%	4
11-20%	7
21-30%	8
31-40%	3
41-50%	4
“Lots”	4
<b>TOTAL</b>	<b>40</b>

**Table 5: Focus group participants**

Professional background/role	Site 1	Site 2	Site 3	Number
Consultant geriatrician	4	2	1	7
Consultant (palliative care)	1			1
Consultant (acute medical unit)	1			1
Matron/ward sister	1	1	1	3
OT manager/OT	2	1	2	5
GP		1		1
Service navigation team leader		1		1
Senior mental health practitioner (social care)		1		1
Community nurse practitioner			1	1
Falls sister			1	1
<b>TOTAL</b>				<b>22</b>

**Table 6: Age range of participants**

	Number	Percent
Valid 65 - 74	31	29.8
75 - 84	32	30.8
85 - 94	26	25.0
95 - 104	4	3.8
Unknown/refused	11	10.6
Total	104	100.0

**Table 7: Pre-existing conditions and contact in 4 weeks prior to admission**

		Contact in 4 weeks prior to event				Total
		No contact	Regular contact with health and/or social care professionals	One-off or unusual contact	Unclear	
Pre-existing conditions	Heart condition/problem	4	5	1	1	11
	Diabetes	0	1	0	0	1
	Dementia	0	3	0	0	3
	Cancer	1	1	0	0	2
	Musculoskeletal issue	7	1	2	0	10
	Blood pressure too high/too low	0	0	1	0	1
	Multiple concerns	13	24	6	1	44
	None	7	0	0	0	7
	Unclear	4	2	0	0	6
	Loss of balance/mobility	1	4	0	0	5
	Other	9	4	1	0	14
<b>Total</b>		<b>46</b>	<b>45</b>	<b>11</b>	<b>2</b>	<b>104</b>

**Table 8: First action after the event to seek help**

	Number	Percent
Called 999	24	23.1
Called 111	12	11.5
Referred to daytime GP	23	22.1
Referred to out-of-hours GP	4	3.8
Used call centre help system	10	9.6
Self-referral to A&E	3	2.9
Family/friends/neighbours took to A&E	3	2.9
Admitted after planned appointment with or visit from a professional	6	5.8
Friends/family/neighbour called 999	12	11.5
Friends/family/neighbour dialled 111	2	1.9
Unsure or unclear	1	1.0
Spoke to care home/residential home/sheltered accommodation staff	2	1.9
Went to a walk-in centre	1	1.0
Called consultant	1	1.0
Total	104	100.0



**Table 9: Participants' living arrangements and time elapsed before seeking help**

		Time elapsed between event and seeking help					Total
		Sought immediate help	Waited to see if family/friends/neighbours could help	Waited to see if it improved itself (1 day or 1 overnight)	Waited to see if it improved itself (more than 1 day or 1 overnight)	Unclear	
Participant's living arrangements	Lives with spouse	45	3	4	6	2	60
	Lives with family member (other than spouse)	5	0	0	1	0	6
	Lives alone	16	4	1	5	1	27
	Lives in sheltered accommodation	7	0	1	0	0	8
	Lives in care home	2	0	0	0	0	2
	Lives with live-in carer	0	0	0	0	1	1
<b>Total</b>		<b>75</b>	<b>7</b>	<b>6</b>	<b>12</b>	<b>4</b>	<b>104</b>

**Table 10: Whether patients felt hospital was the best and most appropriate place for them to be at the time of admission**

		Number	Percent
Valid	Yes	91	87.5
	Unsure	4	3.8
	No	9	8.7
	Total	104	100.0

**Table 11: What could have prevented the admission (cross-tabulated with whether participants felt hospital was the best place for them)**

		Whether participants felt hospital was the best place for them at the time			Total
		Yes	Unsure	No	
What could have prevented the admission	Nothing	57	1	1	59
	Better response earlier	8	0	4	12
	Individual action	8	1	2	11
	Easier access to GP or other community services	4	1	0	5
	Review of medications	3	0	0	3
	More proactive GP	2	0	0	2
	Access to advice	2	0	0	2
	Better or different care package	1	0	0	1
	Better response from care home staff	0	0	1	1
	Being given choice to stay at home and recover	0	0	1	1
	Unsure/unclear	6	1	0	7
<b>Total</b>		<b>91</b>	<b>4</b>	<b>9</b>	<b>104</b>

**Figure 1: Day of the week and time of admission**

